



The Collegiate Athletic Trainer Labor Crisis: A Data Driven Guide Outlining the Current Collegiate Workplace Environment and Strategies to Improve Workplace Engagement

Created through a collaboration between the
Intercollegiate Council for Sports Medicine and
the College/University Compensation Task
Force

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Brant Berkstresser	Ann Wallace	Kenny Boyd
Emily Mulkey	Ryan Callahan	Annie Lopez-Bauman
Dr. Pete Manely	Janah Fletcher	Gretchen Fox
Tom Ebel	Dr. Jamie DeRollo	Jeremy Busch

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Problem

National State of Employment

The current labor shortage in the United States is affecting many occupations. A portion of the labor shortage is believed to be due to the number of baby boomers who have recently left the workplace¹. As the oldest economically active cohort, the baby boomers accounted for 25% of the US workforce in 2018. Although most economists believed the majority of baby boomers would retire in the early 2010's, 29% of individuals between the ages of 65-72 were active in the US labor force in 2018. The [Pew Research Center](#) reports the number of baby boomers in retirement increased by 3.2 million in 2020, the largest annual increase over the past decade². Contributing to the labor crisis the US had a gap between the number of job openings and the number of unemployed persons¹. Most experts believe the labor shortage will continue for years to come due to the Great Resignation, the [aging of the U.S. population](#), the decline of [labor participation rate](#) and falling rates of illegal immigration¹. The following statistics show an alarming trend as 4.0 million American quit their jobs in April 2021 to be followed by 3.9 million Americans in June 2021¹.

The United States Department of Labor has cited the following reasons for workers leaving all types of employment since the COVID Pandemic began in 2020 which includes wage stagnation, rising costs of living, limited career advancement, hostile work environments, lack of benefits, inflexible remote-work policies, and long-lasting job dissatisfaction¹. The majority of resignations during this period have come within the hospitality, **health care** and **education** industries¹.

Collegiate Athletics Employment

Collegiate athletics has realized 48% turnover rate in the past two years which is almost twice as high when compared to the corporate and higher-education two-year turnover rate². Another concerning statistic is the negative growth rate, with fewer employees in the collegiate athletics industry in 2022 as compared to 2019 and early 2020². Collegiate Athletics and Collegiate Athletic Trainers alike have been affected during the Great Resignation with career changes within and outside of the profession. Supervisors within the collegiate landscape have noticed a difficulty in hiring, retaining and advancing their personnel, regardless of position or discipline. This paper seeks to provide insight into the reality that many collegiate institutions are experiencing with respect to the collegiate athletic trainer.

Collegiate Athletic Trainer Employment

The National Athletic Trainers Association Intercollegiate Council for Sports Medicine (ICSM) in collaboration with the NATA Compensation Task Force disseminated a survey to collegiate athletic trainers across all National Collegiate Athletic Association (NCAA) Divisions, National Association of Intercollegiate Athletics (NAIA) and 2-year institutions to identify key areas of employment. The survey was designed with questions specific to the collegiate AT within the 5 NATA Compensation Task Force pillars: Fundamentals, Recruitment, Advancement, Retention and Separation. Salary, culture, value, burnout, increased work responsibilities and demands were major themes that came out of our survey and will be discussed throughout the different pillars within this document. We will provide stake holders with guidance at the conclusion of the document to evaluate their current athletic training operations in order to support them more fully and assist in the recruitment, advancement and retention of qualified employees.

The survey was distributed to 6,600 collegiate athletic trainers via the NATA office. The overall response rate was 17% with 51.75% female, 47.73% male and .52% preferring not to say. The percentage of responses per level of collegiate athletics are as follows: NCAA Division I 44.59%, Division III 19.28%, Division II 14.92%, NAIA 14.75% and 2-year institutions 6.46%. The majority of the respondents were Caucasian 86.21% with other ethnicities represented; Hispanic 4.62%, African-American 3.32%, Multi-Ethnic 2.18%, Asian or Pacific: 1.48%, Prefer not to say 1.31%, American Indian .44%, Other .35%, and Alaskan Native .09%. Over half of the respondents were married 55.93% and 60.47% of all responders had no children. The entire survey and results may be found on the ICSM Resource page, <https://www.nata.org/professional-interests/job-settings/college-university/resources>.

Fundamentals

Our workgroup collected data to help identify whether there have been any significant trends in the number of certified athletic trainers and or change in professional settings which may explain the hiring and retention challenges of collegiate ATs. However, as we reviewed the most recent available data we've seen an increase in Certified Athletic Trainers over the past 10 years; 58,305 in 2021 compared to 38,973 in 2011³. In addition, as of 2020 the Collegiate AT setting remains the 3rd highest represented professional setting (16%) behind secondary schools (24%) and clinic/hospitals settings (18%)⁴. The Collegiate AT mentioned here are those working as clinical ATs and do not include educational representation. In addition, the percentage of ATs working in each professional setting remains unchanged from 2011 to 2020⁴. Therefore, based upon this data, there does not seem to be a decrease in the overall number of ATs available and other variables are affecting the current labor crisis that collegiate institutions may be experiencing when seeking to hire and retain athletic trainers.

The ICSM survey aligned with the Compensation Task Force's data and published literature to identify the key themes athletic trainers are considering with employment opportunities. Salary remains the most important factor for the collegiate AT as they evaluate employment options. Although the AT profession has seen an 8% increase in salaries since 2018, the average collegiate AT salaries are still low at \$54,000⁵. As the AT profession continues to see increasing employment opportunities within hospitals, sports medicine clinics, industrial settings, physician offices, military and municipality services the market is becoming more competitive. Collegiate athletic departments who are having a difficult time hiring athletic trainers may need to evaluate their current salary structure for athletic trainers. The following variables may be evaluated to identify appropriate salaries.

1. Market Rate represents the typical or "going rate" that is paid to similar positions⁶. However, due to increase in AT employment opportunities the market rate should include all AT professional setting positions and not just area collegiate AT positions.
2. Salary Range includes a minimum and maximum amount that individuals in the same position could be paid⁶. Typically, the mid-point of the salary range is around the market rate. A mid-point salary is what an established athletic trainer who is meeting expectations would tend to make⁶. Individuals may move up within a salary range due to merit increases, market adjustments and increased duties and responsibilities⁶.
3. Compa Ratio assists in identifying how an employee is being paid with respect to the mid-point of their salary range⁶. To calculate Compa Ratio you divide the current pay by the mid-point salary range⁵. For example, if an employee is making \$90,000 and the mid-point is \$100,000

than their Compa Ratio is .9 or 90%⁶. In general, an employee is considered within market range if they have a Compa Ratio between 90% and 110%⁶.

Beyond salary, the following areas were extremely important, measured by over 80% of all survey respondents, when evaluating an employer: medical benefits, retirement benefits, paid professional development opportunities, payment of professional membership, dues and state licensure, and paid vacation and sick leave.

We attempted to identify whether the employment model was a highly important factor for collegiate athletic trainers. Although, over 70% responded that they either somewhat agreed or were neutral, the culture of the athletic department to support appropriate medical care and autonomy was an important factor regardless of employment model. Collegiate leadership needs to understand the athletic trainer's professional qualifications, value their role as a healthcare provider and provide a culture that supports student-athlete medical care.

One of the alarming metrics that came out of the survey is over half of the respondents are caring for more than 100 student-athletes (SA). They expressed concerns for inability to provide SA with the attention they deserve, no time for preventative care and/or corrective exercise, increasing work responsibilities, inability to provide one on one rehab time, and expectations of coverage outweighing care. For these reasons, ATs with very high patient loads perceive an inability to meet the demands of their athletic administrators and coaches. These areas are leading to increased emotional exhaustion and burnout within the collegiate AT labor force.

Ultimately, there is evidence-based literature supporting the appropriate AT to SA ratios. Research has shown NCAA collegiate athletics injury rates were reduced by 9.5% and concussion injury rates by 6.7% with schools that had 1 standard deviation below the median number of 118 student-athletes per clinician⁷. In addition, re-injury rates were lower in schools that had lower student-athlete to AT ratios based upon their ability to care for them more attentively and consistently⁷. Insufficient staffing is associated with burnout and a lack of emotional stability within the health care profession as a whole^{7,8}. A recent study performed in high school athletic trainers identified approximately 18% of ATs committing at least one medical error in the last 30 days⁸. This study is higher than physicians at 10.5% and may be due to physicians having more control of their patient load and schedules. In addition, a direct relationship exists between emotional exhaustion and the number of medical errors committed by ATs⁸. As emotional exhaustion increases the number of medical errors made by an individual increase⁸.

Recruitment and Advancement

The top three ways ATs who are interested in pursuing a career or changing positions within the collegiate setting are informed of positions through the NATA Career Center, 3rd party search engines, and hearing from colleagues. As ATs evaluate these positions, the most important variables they evaluate in order are: salary, staff culture, paid continuing education, retirement and sport assignment. Other variables that did not rate as high amongst survey responses included: extra allowances and benefits, flexible schedules, model of care, and employment contracts.

An important aspect to the hiring process of any employee is an understanding of your particular job description. Our survey provided favorable responses with over 72% either somewhat agreeing or

strongly agreeing that their job descriptions are current and reflective of their current position. An important aspect is the ability for ATs to work with their Human Resources Departments (HR) in customizing language that is reflective of the individual AT's working conditions, responsibilities and duties. Job descriptions need to be updated to reflect additional responsibilities. Often times within the collegiate environment additional responsibilities are given to employees without additional compensation. Our survey results support this generalization as 65% of respondents have received additional responsibilities from their supervisor without an increase in compensation. Overall the collegiate AT values increased responsibility for their own professional development but without increased compensation, title changes and other methods of employee appreciation, their perception of self-worth and value to the department decreases over time.

Huml et al. describe the difference between work engagement and workaholism within the collegiate employee model. Work engagement occurs when employees are enthusiastic about their responsibilities and report positive work-related effects such as vigor, dedication, and absorption⁹. These kinds of positive work behaviors seem to be fostered by environments that promote rewards, recognition, support and perceptions of justice⁹.

Leaders need to recognize the close relationship between work engagement and workaholism and identify appropriate work expectations. An employee can become too immersed into to their work that they don't take time for themselves which leads to the detrimental effects of workaholism. Workaholic employees report negative work-related behaviors such as working incessantly, compulsively, increased job-related stress, emotional exhaustion, work-family conflict, combative behaviors and ignoring other job responsibilities^{9,10}. The level of employee support, lack of job resources, increased responsibilities, demands and pressures without rewards or compensation are contributing factors to workaholism and burnout^{9,10,14}. Often enthusiastic and engaged employees enter a sport career but when faced with a time-related pressure environment, with a lack of supervisor feedback and organizational support the employee engages in workaholic tendencies to meet their employers expectations^{9,10}. Detriments include blurred lines between home and work, information overload and reduced employee recovery, creating a cycle of malcontent and decreased job performance^{9,10}.

There are already resources available to assist stakeholders with evaluating institutional appropriate healthcare and organization such as The Appropriate Medical Coverage for Intercollegiate Athletics, College/University Value Model and The Best Practices in the Implementation and Structure of Medical Care for College Athletes. Links to these resources and others may be found later in this document within the Resource Section. Additional resources such as the NATA Standard of Care which will be applicable to all levels of collegiate athletics and guidance from the Division I Transformation Committee, Division II Implementation Committee and Division III Constitution Advisory Committee are forthcoming.

Stakeholders may also consider the significance of a formal onboarding and mentorship program for the athletic trainer who is new to their particular institution per our survey responses as over 60% find this favorable. This is significant because only 33% underwent any formal onboarding with their current position. This onboarding and mentorship must be specific to the athletic trainer and their responsibilities. The advantages include increased staff interaction and teamwork, increased staff engagement and improved decision making and problem-solving skills which increases the ATs work engagement.

Retention and Separation

Employees at every level of collegiate athletics have at times felt overworked, underpaid, and undervalued¹¹. This systemic culture is problematic for an industry looking to recruit and retain employees that are diverse, highly motivated and durable¹¹. The demanding climate can lead to long term negative effects leading to premature departure¹¹. Our survey data supports these current challenges as approximately only 12% of survey responders have been employed in collegiate athletics beyond 10 years. Those who have separated from a collegiate position in the past 5 years have done so for the following reasons which align with recent studies within the collegiate workplace environment: salary, work-life balance, lack of value and support, staffing volume and burnout^{9,10,11,12,13}.

The collegiate AT who has remained within the collegiate setting identifies the following reasons: sports medicine culture, staff morale, location, sport coverage, and benefits. In addition, employees acknowledge leadership that allows for department flexibility is a huge component in making a job in collegiate athletics work^{11,12}. Organizations which have created flexible job schedules, emphasizes work-life balance, created family time within the workplace and allowed for mandatory days off have below levels of work-family conflict and burnout with above average levels of work engagement^{11,12}. Another key area is the importance of support within and outside the workplace. As ATs feel supported, their level of work-family conflict reduces¹⁴. Social support has been positively correlated with decreased work-family conflict and identified as a buffer against emotional exhaustion and burnout¹⁴.

Conclusion

Our survey aligns with published literature both within the athletic training and collegiate athletics industries for what employee's value from their work environments. We have identified salary, benefit structure, culture and appropriate work to time demands are important metrics to the collegiate AT. The AT marketplace is becoming more competitive as other professional settings such as hospitals, sports medicine clinics, industrial settings, physician offices and medical sales may offer signing bonuses, along with competitive market rate salaries and flexible scheduling. Collegiate institutions need to review their ATs responsibilities and time as it compares within their marketplace to ensure appropriate compensation and create a positive work culture through student-athlete health and safety, independent medical care and a team collaborative environment.

Collegiate environments who are slow to respond to these changes will continue to have challenges hiring and retaining athletic trainers. The collegiate AT expects an employer to value their work by providing appropriate resources, staffing volume and philosophical support through protocol development. Below we've provided a checklist and a library of resources to assist collegiate ATs and leaders evaluating successful work environments to promote the recruitment, hiring, retention and advancement practices. This is not an exhaustive list and should be used as a guide with adaptations that meet a particular institutional needs.

Checklist

- Updated salary reviews that account for the following
 - Different AT employment opportunities within your local area
 - Additional provisions that may be offered such as sign-on bonuses and/or retention bonuses
 - Market Rate and Compa Ratios
 - Compensation for increased roles, responsibilities and job duties
- Benefits
 - Paid continuing education
 - Paid NATA and state licensure membership and dues
 - Sign-on and retention bonuses that reflect current market practices
- Job descriptions that are reflective of ATs duties and responsibilities
 - Clearly define the independent medical decision ATs make and healthcare delivery performed on a daily basis
 - Include additional committees, roles and responsibilities and decision-making power they have within the organization especially when performing duties across campus and/or within the local community
 - Reflective of non-traditional working hours but also allow for work flexibility
 - Have the ability to update AT job descriptions based upon increased responsibility and duties
 - Language to include medical clinical skill evaluations should be performed by medical personnel and administration evaluations by administrators without undue influence by coaches
- Strategies to improve work engagement
 - Protocols to compartmentalize work and personal life
 - Allow ATs to leave early or miss time, including contests and travel for important family events
 - Invite family on certain trips
 - Increase work flexibility: utilize a team approach to health care and develop a system where other ATs assist with care and responsibilities so staff can have days off not work 10 plus hours a day on a consistent basis
 - Allow for additional time off when out of season
 - Strategies to develop whether coverage models are appropriate based upon injury rates, catastrophic risk and staffing
 - ATs present just in case of an emergency is not a valuable use of their time and skills
 - Do not need to be available or Athletic Training Room (ATR) open for every CARA and/or volunteer activity
 - Coaches should be required to be CPR/AED certified and this part of their job description
 - ATs need ability to develop scheduling parameters within their facility based upon facility size, staff size, practice/competition times for rehabs, preventative and/or recovery care, etc.

- ATR need to be closed at certain times for staff meetings, staff functions etc.
 - Coaches may need to alter CARA activities based upon these variables and need to be communicated in advance by AT leadership
- Coaches need to be required to submit regular practice/activity schedules to sports supervisor and AT leadership so staff has ability to make personnel plans accordingly
 - Any changes to schedule must be made and approved by sport supervisor and AT leadership 24 hours prior to change with exception of weather- related conflicts or other unforeseen circumstances, i.e. medical emergency
- Evaluate ATR facilities and relationship with staffing: can consolidation increase AT collaboration and teamwork
- Integrate work and personal life
- Utilize formal and informal workplace supports
- Create a family friendly work climate
- Set work boundaries: times of day you are not responding to texts, emails, phone calls etc.
- Develop a successful mentorship program
- Reduce roles and responsibilities
 - Identify each AT staff to SA ratio and utilize data driven metrics to evaluate current staffing model
 - Utilize time management data: hours of patient care, administrator duties, travel etc. to evaluate load per AT
- Leadership and supervisors must develop a culture that philosophically and financially support independent medical decision making, student-athlete health care, policy development and the clinicians implementing and carrying out these practices

Resources

[icsm_essential_role_athletic_trainer.pdf \(nata.org\)](#)

[Appropriate Medical Coverage of Intercollegiate Athletics \(AMCIA\) | NATA](#)

<https://www.nata.org/sites/default/files/College-Value-Model.pdf>

[best_practices_college_athlete_medical_care_structure_final_1.pdf \(nata.org\)](#)

[National Athletic Trainers' Association Position Statement: Facilitating Work-Life Balance in Athletic Training Practice Settings \(nata.org\)](#)

Inter-Association Consensus Statement on Best Practices for Sports Medicine Management in Secondary Schools and Colleges, [untitled \(silverchair.com\)](#)

[Microsoft Word - ICSM Transition to Practice Final May 2018.docx \(nata.org\)](#)

[SSI_IndependentMedicalCareBP.pdf \(ncaaorg.s3.amazonaws.com\)](#)

[Athletics Health Care Administration - NCAA.org](#)

[Challenges Faced by Collegiate Athletic Trainers, Part I: Organizational Conflict and Clinical Decision Making - PMC \(nih.gov\)](#)

[Collegiate Athletic Trainers' Experiences with Work-family Conflict and Work-family Guilt Based Upon Organizational Factors - PubMed \(nih.gov\)](#)

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